

## ARSENIC EXEMPTION REQUEST FORM

<b>System Name:</b>	<b>PWSID: MT</b> _____	
<b>Contact Person:</b>	<b>Phone Number:</b>	
<b>Address:</b>		
<b>Date System Began Operating:</b>		
<b>Have you received a variance for arsenic?</b>	(Circle One)	<div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
<b>What is the range of arsenic levels in your finished water?</b>	<b>High:</b>	<b>Low:</b>
<b>Summarize your treatment process:</b>		
<b>Arsenic treatment options considered:</b>		
<b>Current water rate structure:</b>		
<b>Name of your certified operator:</b>		
<b>What steps have you taken to meet the MCL?</b>		
<b>What capital improvements are needed?</b>		
<b>Why can't these improvements be made before 1/23/06?</b>		
<b>If financial assistance is needed, which of the following describes your system (include documentation):</b>		
<b>You have entered into an agreement to get the financial assistance</b>	(circle one)	<div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
<b>You are reasonably likely to get financial assistance from a Federal or State source</b>	(circle one)	<div style="display: flex; justify-content: space-around;"> <span><b>Yes</b></span> <span><b>No</b></span> </div>
<b>Assistance Source:</b>	(circle one)	<div style="display: flex; justify-content: space-around;"> <span><b>DWSRF</b></span> <span><b>RUS</b></span> <span><b>Other:</b> _____</span> </div>
<b>Date Applied:</b>	<b>Contact:</b>	

<b>Have you entered into an enforceable agreement to become part of a regional PWS?</b>	<b>Yes</b>	<b>No</b>
<b>How much time do you need to:</b>		
<b>Secure Funding</b>		
<b>Finish the capital improvements</b>		
<b>Begin operating in compliance with the revised MCL</b>		
<i>Total time needed to come into compliance</i>		
<b>If you begin operation after 1/23/06, why can't your system use another source of drinking water with lower arsenic levels:</b>          		

Submitted by: \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Please use the space below to provide any other information that you would like the State to know when considering your request:**

**RETURN form to: DEQ/PWS, John McDunn, PO Box 200901, Helena, MT 59620      (406) 444-5312**